

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 59826

First Named Inventor Sanford M. Wichner

**COMPLETE IF KNOWN**

Application Number /

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Cap Visor Eye Shield

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

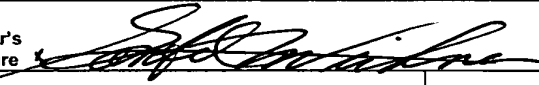
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |                          | YES                      | NO                       |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Utility or Design Patent Application

|   |  |                                      |           |   |  |                             |  |                              |  |
|---|--|--------------------------------------|-----------|---|--|-----------------------------|--|------------------------------|--|
| Direct all correspondence to: <input checked="" type="checkbox"/>   |  | Customer Number<br>or Bar Code Label |           | 24230   |  | OR <input type="checkbox"/> |  | Correspondence address below |  |
| Name<br>Dale J. Ream  |  |                                      |           |   |  |                             |  |                              |  |
| Address   |  |                                      |           |   |  |                             |  |                              |  |
| City  |  |                                      |           | State   |  | ZIP                         |  |                              |  |
| Country   |  |                                      | Telephone |   |  | Fax                         |  |                              |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |  |                                      |           |   |  |                             |  |                              |  |
| NAME OF SOLE OR FIRST INVENTOR :  |  |                                      |           | <input type="checkbox"/> A petition has been filed for this unsigned inventor       |  |                             |  |                              |  |
| Given Name<br>(first and middle [if any])   |  |                                      |           | Sanford M.  |  |                             |  |                              |  |
| Family Name<br>or Surname   |  |                                      |           | Wichner   |  |                             |  |                              |  |
| Inventor's<br>Signature   |  |                                      |           |  |  |                             |  | Date                         |  |
| Residence: City   |  |                                      |           | State   |  | Country                     |  | Citizenship                  |  |
| San Pablo   |  |                                      |           | CA  |  | USA                         |  | USA                          |  |
| Mailing Address   |  |                                      |           |   |  |                             |  |                              |  |
| 1010 Barbara Lane   |  |                                      |           |   |  |                             |  |                              |  |
| City  |  |                                      |           | State   |  | ZIP                         |  | Country                      |  |
| San Pablo   |  |                                      |           | CA  |  | 94806                       |  | USA                          |  |
| NAME OF SECOND INVENTOR:  |  |                                      |           | <input type="checkbox"/> A petition has been filed for this unsigned inventor       |  |                             |  |                              |  |
| Given Name<br>(first and middle [if any])   |  |                                      |           | Family Name<br>or Surname   |  |                             |  |                              |  |
| Inventor's<br>Signature   |  |                                      |           |   |  |                             |  | Date                         |  |
| Residence: City   |  |                                      |           | State   |  | Country                     |  | Citizenship                  |  |
|   |  |                                      |           |   |  |                             |  |                              |  |
| Mailing Address   |  |                                      |           |   |  |                             |  |                              |  |
| City  |  |                                      |           | State   |  | ZIP                         |  | Country                      |  |
|   |  |                                      |           |   |  |                             |  |                              |  |
| <input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.  |  |                                      |           |   |  |                             |  |                              |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                      |
|------------------------|----------------------|
| Application Number     |                      |
| Filing Date            |                      |
| First Named Inventor   | Sanford M. Wichner   |
| Title                  | Cap Visor Eye Shield |
| Art Unit               |                      |
| Examiner Name          |                      |
| Attorney Docket Number | 59826                |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:24230  
Dale J. Ream  
Reg. No. 45,798

| Name | Registration Number |
|------|---------------------|
|      |                     |
|      |                     |
|      |                     |
|      |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

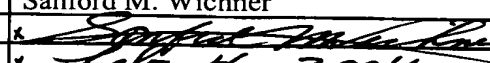
☐ The address associated with Customer Number:

OR

|  |  |       |  |     |
|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name |  |       |  |     |
| Address  |  |       |  |     |
| Address  |  |       |  |     |
| City   |  | State |  | Zip |
| Country  |  |       |  |     |
| Telephone  |  | Fax   |  |     |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

|           |   |           |              |
|-----------|---|-----------|--------------|
| Name      | Sanford M. Wichner  |           |              |
| Signature |  |           |              |
| Date      | Feb. 4, 2004  | Telephone | 510-233-5673 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.